

Request For Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/829,876
	Filing Date	April 10, 2001
	First Named Inventor	Shuici Kikuchi et al.
	Group Art Unit	2811
	Examiner Name	Douglas W Owens
	Attorney Docket Number	10417-076001

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

- Submission required under 37 C.F.R. §1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s)

 - ☐ Previously submitted. If a final Office action is outstanding, any amendment filed after the final Office action may be considered as a submission even if this box is not checked.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ☐ Other _____
 - ☒ Enclosed
 - ☒ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement (IDS)
 - ☐ Other _____
- Miscellaneous**

 - ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)
 - ☐ Other _____
- Fee** The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

 - ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-1050
 - ☒ RCE fee required under 37 CFR 1.17(e)
 - ☒ Extension of time fee (37 CFR 1.136 and 1.17)
 - ☒ Other Any deficiencies 06-1050
 - ☒ Check in the amount of \$ 1,290 enclosed
 - ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Arthur Ortega	Registration No. (Attorney/Agent)	53,422
Signature	<i>Arthur Ortega</i>	Date	August 13, 2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Rose Papetti	Date	August 13, 2003
Signature	<i>Rose Papetti</i>		

Repln. Ref: 08/19/2003 MBIZUNES 0017112200
 DA# 061050 Name/Number: 09829876
 FC: 9204 \$130.00 CR

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08/19/2003 MBIZUNES 00000036 09829876
 01 FC:1801

750.00

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

RCE

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 20	Minus	** 20 =
	Independent	* 3	Minus	*** 3 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$375
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	\$750
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	